

Questions should be directed to Beth Lewis at 608 / 267-1062 or email at beth lewis @dpi.state.wi.us

INSTRUCTIONS: Complete and submit one original and two copies two months prior to the beginning of the program to:

WISCONSIN DEPARTMENT OF PUBLIC INSTRUCTION ATTN: BETH LEWIS ALTERNATIVE EDUCATION PROGRAM P.O. BOX 7841 MADISON. WI 53707-7841

GENERAL INFORMATION				
Name of School	Mailing Address Street, City, State	ə, Zip	School Code	
Name of Person Completing Application	Title	Telephone	e Area/No.	
Program Coordinator If other than person completing for	Title	Telephone	e Area/No.	

Program Coordinator's E-Mail Address

ASSURANCES

- Students served will be at least 17 years of age.
- Students served will be at lest one year behind their (9th grade) class in credits earned.
- 3. Students served should be able to demonstrate an ability to read at or above the 9th grade level.
- 4. A formal meeting(s) will be held before a student is allowed to begin a GEDO #2 program. This meeting will include a discussion of the educational options available to the student; the academic, attendance and behavioral expectations of the student once in the program; and the anticipated goal of the program (traditional high school diploma). Also educational options if the student completes academic preparation before the student is eligible to take the final GED test. The student, his or her parent or guardian, the student's guidance counselor, principal, and at least one teacher (or their designee) must participate in the meeting(s).
- 5. Students must volunteer for the program after participating in the meeting described in item four above.
- 6. A contract between the student, the student's parent/guardian(s), the school, and the GEDO #2 program coordinator outlining the hours of attendance, academic and behavioral expectations, and services to be provided by the school district will be signed.
- 7. A student/teacher ratio of no more than 15:1 will be maintained in the GEDO #2 program.
- 8. At least 15 hours of instruction are required each week. The student will be required to participate in at least 10 hours of math, science, social studies, language arts, or health instruction each week until his/her instructors certify that he or she is academically prepared to take the final GED test. At this point a larger portion of the student's 15 hours per week can be devoted to experiential training (e.g., vocational/technical education, art, music, foreign language, or work experience). All students must be *continuously enrolled and attending* the program until they are eligible to take the final GED test.
- 9. GED testing will occur at an official test center operating at Wisconsin's technical college and will be paid for by the school district.
- 10. Students with disabilities will not be excluded from the program, but must have a current IEP recommending participation in GEDO #2. The IEP must document any related aids and services necessary for successful completion of the program.
- 11. Eighty percent (80%) or more of the students accepted for GEDO #2 must successfully complete the program and graduate with their class as a condition of program approval for the following year.
- 12. Students participating in GEDO #2 will be required to meet the high school graduation requirements under s.118.30, Wis. Stats or district policy.
- 13. Students who successfully complete GEDO #2 requirements will be entitled to a traditional high school diploma issued by their school district and will be entitled to participate in the same graduation ceremony as all other high school graduates.
- 14. Program data required by GEDTS will be collected and submitted to the Department of Public Instruction each year.

NARRATIVE

In narrative format, address each of the following items. Limit responses to two pages for each item.

- Explain why your school seeks to participate in the GEDO #2?
- Describe the structure and setting of the GEDO #2 program.
- Describe the instructional delivery strategies that will be used.
- Identify how students will be selected to participate.
- Identify how required guidance, career assessment, counseling and related services will be provided.
- Describe the role of community partners (if any) in this program.
- Describe how the students' parents/guardian(s) will be involved.
- List what additional requirements will be expected of the student, in addition to successful completion of the HSED (i.e., community service, work hours, portfolio development)
- · List what other options exist in your district for high school students who are at-risk of not graduating.

	SIGNATURE		
I HEREBY CERTIFY that this application will be the basis for the operation and administration of this project. I also agree to comply with the assurances listed above. I further certify that the information provided in this application is complete and accurate to the best of my knowledge.			
Signature of District Administrator		Date Mo./Day/Yr.	
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